



STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF OUTDOOR RECREATION  
**BOATING DIVISION**  
P.O. BOX 280, 333 FERRY ROAD, OLD LYME, CT 06371-0280  
Phone: (860) 434-8638 FAX: (860) 434-3501

U.S. COAST GUARD NUMBER

09

LAW ENFORCEMENT CASE NO.

The operator of a vessel used for recreation purposes is required to file a report in writing within 48 hours whenever an accident results in loss of life, disappearance from a vessel or an injury which requires medical treatment beyond first aid. If total damage to all property is in excess of \$500, a report must be filed within 5 days. Reports shall be submitted to the Commissioner of Environmental Protection at the above address. If the operator is unable to report the accident, the boat owner or survivor of the accident should prepare the report. Any person violating these requirements is subject to the penalties prescribed by law.

**COMPLETE ALL BLOCKS (Indicate those not applicable with "N/A")**

Name and Address of Operator		Age	D.O.B	<input type="checkbox"/> M <input type="checkbox"/> F	Operator's Experience	
		Operator's Telephone Number			This Boat	Other Boats
		( )			<input type="checkbox"/> under 10 hours	<input type="checkbox"/> under 10 hours
Safe Boating or PWC Certificate Number:					<input type="checkbox"/> 10 to 100 hours	<input type="checkbox"/> 10 to 100 hours
					<input type="checkbox"/> over 100 hours	<input type="checkbox"/> over 100 hours
Name and Address of Owner		Rented Boat <input type="checkbox"/> Yes <input type="checkbox"/> No			Boating Education	
		# of persons on board			<input type="checkbox"/> American Red Cross	
					<input type="checkbox"/> Informal	
Owner's Telephone Number		# of persons towed			<input type="checkbox"/> None	
( )					<input type="checkbox"/> State	
					<input type="checkbox"/> U.S.C. G. Auxiliary	
					<input type="checkbox"/> U.S. Power Squadrons	
<b>VESSEL OWNED/OPERATED BY ABOVE (VESSEL 1)</b>						
Boat Number	State	Boat Name	Boat Make	Boat Model	Hull Identification Number	
Type of Boat			Hull Material		Engine	
<input type="checkbox"/> Air Boat			<input type="checkbox"/> Aluminum		<input type="checkbox"/> Inboard	
<input type="checkbox"/> Auxiliary Sail			<input type="checkbox"/> Rubber		<input type="checkbox"/> Inboard-sterndrive	
<input type="checkbox"/> Cabin Motorboat			<input type="checkbox"/> Fiberglass		<input type="checkbox"/> Outboard	
<input type="checkbox"/> Canoe/Kayak			<input type="checkbox"/> Steel			
<input type="checkbox"/> Houseboat			<input type="checkbox"/> Wood			
<input type="checkbox"/> Jet Boat			<input type="checkbox"/> Other			
<input type="checkbox"/> Open Motorboat			<input type="checkbox"/> Plastic			
<input type="checkbox"/> Personal Watercraft			<input type="checkbox"/> Rigid Hull Inflatable			
<input type="checkbox"/> Pontoon						
<input type="checkbox"/> Rowboat						
<input type="checkbox"/> Sail (only)						
<input type="checkbox"/> Other _____						
Propulsion			Boat Data (construction)		Engine Data	
<input type="checkbox"/> Air Thrust			Length _____		# of engines _____	
<input type="checkbox"/> Sail			Year Built _____		Horsepower _____	
<input type="checkbox"/> Manual					(total)	
<input type="checkbox"/> Water Jet						
<input type="checkbox"/> Propeller						

# **ACCIDENT DATA**

Accident Date	Time: _____AM _____PM	# vessels Involved	Water Body	Location	Town	State
<b>Weather</b>	<b>Water Conditions</b>	<b>Temperatures</b>	<b>Wind</b>	<b>Visibility</b>		
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Hazy <input type="checkbox"/> Rain <input type="checkbox"/> Snow	<input type="checkbox"/> Calm (Waves under 6") <input type="checkbox"/> Choppy (Waves 6" – 2') <input type="checkbox"/> Rough (Waves 2' – 6') <input type="checkbox"/> Very Rough (Waves over 6') <input type="checkbox"/> Strong Current	(Estimates)  Air _____ °F  Water _____ °F	<input type="checkbox"/> None <input type="checkbox"/> Light (0 – 6 MPH) <input type="checkbox"/> Moderate (7 – 14 MPH) <input type="checkbox"/> Strong (15 – 25 MPH) <input type="checkbox"/> Storm (over 25 MPH)	Day                      Night <input type="checkbox"/> Good <input type="checkbox"/>  <input type="checkbox"/> Fair <input type="checkbox"/>  <input type="checkbox"/> Poor <input type="checkbox"/>		
<b>Operation at Time of Accident</b> (Check all applicable) <input type="checkbox"/> At Anchor <input type="checkbox"/> Being Towed <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Cruising <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Launching <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Tied to dock or moored <input type="checkbox"/> Towing another boat <input type="checkbox"/> Other _____		<b>Activity at Time of Accident</b> (Check all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Diving/Swimming <input type="checkbox"/> Fishing <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting <input type="checkbox"/> Racing <input type="checkbox"/> Repairs <input type="checkbox"/> Starting Engine <input type="checkbox"/> Tournament <input type="checkbox"/> Water skiing, Tubing <input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Other _____		<b>Type of Accident</b> (check all applicable) <input type="checkbox"/> Capsizing <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Fire/Explosion (Fuel) <input type="checkbox"/> Fire/Explosion (Other) <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Grounding <input type="checkbox"/> Sinking <input type="checkbox"/> Starting Engine <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Struck by Motor/Propeller <input type="checkbox"/> Struck Submerged Object		<b>Cause of Accident</b> (check all applicable) <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Congested Waters <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Drug Use <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Hull Failure <input type="checkbox"/> Improper Loading <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Machinery Failure <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Overloading <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Wake <input type="checkbox"/> Weather
<b>Estimate Speed at Time of Accident</b> <input type="checkbox"/> Not Moving <input type="checkbox"/> 21 to 40 MPH <input type="checkbox"/> 61 to 80 MPH <input type="checkbox"/> 10 to 20 MPH <input type="checkbox"/> 41 to 60 MPH <input type="checkbox"/> over 80 MPH						
<b>Approved Personal Flotation Devices</b> Was the vessel carrying U.S.C.G. approved lifesaving devices for each person on board? <input type="checkbox"/> Yes <input type="checkbox"/> No  Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No  Were they used (if yes, list type and number used) <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Non-Approved Personal Flotation Devices</b> Was the vessel carrying non –approved lifesaving devices for each person on board? <input type="checkbox"/> Yes <input type="checkbox"/> No  Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No  Were they used (if yes, list type and number used) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Fire Extinguishers</b> Were there operable fire extinguishers on board? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used (if yes, list type and number used) <input type="checkbox"/> Yes <input type="checkbox"/> No						

Property Damage (estimate) Vessel #1      \$ _____  Vessel #2      \$ _____  Other Property    \$ _____	Describe Property Damage					
<b>ACCIDENT DESCRIPTION</b> Describe what happened (sequence of events. Include failure of equipment. If diagram is needed, attach separately. Continue on additional sheets if necessary)						
<b>VESSEL #2</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name, Address and Telephone Number of <i>Operator</i></td> <td style="width: 50%; padding: 5px;">Name, Address and Telephone Number of <i>Owner</i></td> </tr> </table>		Name, Address and Telephone Number of <i>Operator</i>	Name, Address and Telephone Number of <i>Owner</i>			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Boat Number</td> <td style="width: 10%; padding: 5px;">State</td> <td style="width: 15%; padding: 5px;">Boat Make</td> <td style="width: 15%; padding: 5px;">Boat Model</td> <td style="width: 45%; padding: 5px;">MFR Hull Identification Number</td> </tr> </table>		Boat Number	State	Boat Make	Boat Model	MFR Hull Identification Number
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">           Rented Vessel  <input type="checkbox"/> Yes   <input type="checkbox"/> No         </td> <td style="width: 25%; padding: 5px;">Type of Boat</td> <td style="width: 20%; padding: 5px;">Propulsion</td> <td style="width: 40%; padding: 5px;">Operation at the time of Accident</td> </tr> </table>		Rented Vessel <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Boat	Propulsion	Operation at the time of Accident	
Rented Vessel <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Boat	Propulsion	Operation at the time of Accident			
<b>INJURED/MISSING/DECEASED</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Name and Address of victim</td> <td style="width: 10%; padding: 5px;">Vessel #</td> <td style="width: 10%; padding: 5px;">D.O.B</td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Male      <input type="checkbox"/> Treatment &gt; First Aid  <input type="checkbox"/> Female      <input type="checkbox"/> Hospitalization         </td> </tr> </table>		Name and Address of victim	Vessel #	D.O.B	<input type="checkbox"/> Male <input type="checkbox"/> Treatment > First Aid <input type="checkbox"/> Female <input type="checkbox"/> Hospitalization	
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<i>NOTE: If more space is needed to list information concerning injured/deceased persons, please use separate page</i>						
<b>The information on this form is certified under penalty of false statement to be true and complete.</b>						
Signature of person completing report  <b>X</b> _____      Date _____	Address and telephone number					